



**Communicable Disease and Epidemiology News**

Published continuously since 1961  
Jane Koehler, DVM, MPH, Editor

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In the July 2001 issue:

- **New STD/HIV Screening Guidelines for Men Who Have Sex With Men**
- **Sprout Safety – Health Risks of Fresh Bean Sprouts**

Vol. 41, No. 7

**New STD/HIV Screening Guidelines for Men Who Have Sex With Men**

Sexually transmitted disease (STD) rates have risen dramatically in the last four years among men who have sex with men (MSM) in King County. The annual rate of infectious syphilis is at least 140 cases per 100,000 MSM, compared with <1 per 100,000 in the remainder of the population; the rate in HIV-infected MSM continues at about 1000 per 100,000 (i.e., about one percent of HIV-infected MSM in King County acquire syphilis each year). Gonorrhea and chlamydial infection also continue at epidemic levels in this population. Rising HIV infection rates have been documented among MSM in San Francisco and Toronto, and HIV transmission almost certainly is rising in the Puget Sound area as well. Similar trends have been reported among MSM throughout North America, western Europe, and Australia. Although the precise reasons are unknown, it is likely that sexual behavior among MSM has been influenced by improved HIV/AIDS therapy and survival.

In response, Public Health – Seattle & King County, in collaboration with representatives of King County’s MSM communities, has developed new STD/HIV screening guidelines for MSM. The guidelines have been distributed to over 1500 King County primary care providers and selected specialists. The Centers for Disease Control and Prevention (CDC) is expected to endorse similar recommendations in an upcoming editorial (submitted to *Annals of Internal Medicine*) and in the 2001 STD Treatment Guidelines, scheduled for publication later this year.

The guidelines are based on several observations: STDs enhance HIV transmission; HIV levels in STD lesions and secretions often are high despite undetectable plasma viral loads, even in persons receiving highly active anti-retroviral therapy (HAART); many (perhaps most) HIV-infected MSM remain sexually active; local studies show that HIV-infected and uninfected MSM frequently mix sexually, often without condoms and without sharing their HIV status; and STDs are highly prevalent among King County MSM, regardless of HIV status or history of condom use. **Accordingly, all clinicians providing health care to MSM should routinely assess their patients’ sexual risks and periodically undertake STD/HIV screening in those at risk.**

An abbreviated summary of Public Health’s recommendations is reproduced here. The complete

guidelines, background data on STD prevalence and sexual behavior among King County MSM, and several literature citations are available at the Public Health STD Program website, [www.metrokc.gov/health/apu/std](http://www.metrokc.gov/health/apu/std). Clinicians also are welcome to directly contact Public Health’s STD and HIV/AIDS directors, Hunter Handsfield, MD ([hjh@u.washington.edu](mailto:hjh@u.washington.edu), 206-731-5899) and Bob Wood, MD ([bob.wood@metrokc.gov](mailto:bob.wood@metrokc.gov), 206-296-4805).

**GUIDELINES**

All men should be asked whether they have sex with other men. These guidelines apply to both HIV-infected and HIV-negative MSM, and should be employed regardless of history of consistent use of condoms.

**For all men who have had sex with other men in the past year:** HIV serology, if previously HIV-negative or not previously tested, syphilis serology, and pharyngeal culture for *Neisseria gonorrhoeae*.

**Receptive anal intercourse in the past year:** Rectal cultures for *N. gonorrhoeae* and *Chlamydia trachomatis*

**More frequent testing is indicated for:** MSM with anonymous or multiple partners; MSM who use crystal amphetamine or inhaled nitrates (“poppers”); men whose sex partners participate in these activities

**MSM with symptoms of STD or HIV** require diagnostic testing, regardless of when previous tests were done.

**Also consider:** Immunization against hepatitis A and B, and type-specific serology for herpes simplex virus (HSV) infection.

**COUNSELING**

Nonjudgmental risk assessment and client-centered counseling are central to STD/HIV prevention. All MSM should be advised to: know and disclose their HIV infection status to their sex partners; use condoms correctly and consistently; avoid sex with multiple or anonymous partners and sex in association with drugs or excessive alcohol; recognize and seek care for common STD symptoms; follow safer sex practices even in the presence of low plasma HIV viral load; if infected with HIV or another STD, inform their sex partners and encourage the partners to seek evaluation and treatment.

**Sprout Safety**

The Centers for Disease Control and Prevention estimates that there are 76 million illnesses, more than 300,000 hospitalizations, and 5,000 deaths from foodborne illnesses in the U.S. each year. Consumers need to be well informed in order to make sound choices about the foods they serve to themselves and their families. A case in point concerns raw sprouts, an increasingly reported cause of foodborne illness that is not widely appreciated by consumers.

Raw sprouts were first recognized as a cause of foodborne illness in the United States in 1995. **In 1998, the Food and Drug Administration (FDA) issued a health advisory, warning that children, the elderly, and persons with weakened immune systems should not consume raw alfalfa sprouts.** Avoiding raw sprout consumption is especially important for these groups because of their increased risk of serious illness from *Salmonella* and *E. coli* O157 infections. Children infected with *E. coli* O157 can develop hemolytic uremic syndrome that may be complicated by kidney failure, seizures and death. Elderly and immunocompromised adults are also vulnerable to serious complications from *E. coli* O157 infection. Healthy persons infected with *Salmonella* and *E. coli* O157 experience diarrhea, nausea, cramping and fever for several days.

Although most reported sprout outbreaks have involved raw alfalfa sprouts, other raw sprouts (including clover, radish, and mung bean sprouts) have also been linked to illness. Because of increasing numbers of outbreaks associated with consumption of raw sprouts, **in July 1999 the FDA updated and expanded their health advisory to warn all persons of the risk of illness associated with eating raw sprouts. FDA currently recommends that all persons wanting to reduce their risk of foodborne illness not eat raw sprouts.** Investigations into the processing of sprouts revealed that some sprout seeds are contaminated with bacteria, which multiply as the sprouts germinate. This is because the conditions under which sprouts are produced - growing time, temperature, water activity, pH, and nutrients - are ideal for the rapid growth of bacteria.

- May 1999, approximately 30 cases of salmonellosis associated with the consumption of clover sprouts in California.
- March-May, 1999, approximately 70 cases of salmonellosis associated with the consumption of clover sprouts in Colorado.
- January-March 1999, approximately 85 cases of salmonellosis associated with the consumption of alfalfa sprouts in Oregon, Washington, and California.
- July 1998, 8 cases of illness attributed to *E. coli* O157 infection associated with the consumption of alfalfa/clover sprouts in California and Nevada.
- May 1998, 18 cases of salmonellosis associated with the consumption of alfalfa sprouts in California.
- Late 1997-July 1998, 60 cases of salmonellosis associated with the consumption of an alfalfa/clover sprout mixture in California.

For persons wishing to avoid illness related to raw sprouts, the following advice is offered:

- Cook the sprouts. This significantly reduces the risk of illness.
- Check sandwiches and salads purchased at restaurants and delicatessens. These entrées often contain raw sprouts. Consumers who wish to reduce their risk of foodborne illness should specifically request that raw sprouts not be added to their food.
- Sprouts grown in the home also present a risk if eaten raw. If harmful bacteria are present in or on seed, they can grow to high levels during sprouting even under clean conditions.

**Disease Reporting (area code 206)**  
**AIDS.....296-4645**  
**Communicable Disease...296-4774**  
**STDs.....731-3954**  
**Tuberculosis.....731-4579**  
**24-hr Report Line.....296-4782**  
**Hotlines:**  
**CD Hotline.....296-4949**  
**HIV/STD Hotline.....205-STD5**  
**<http://www.metrokc.gov/health>**

Recent sprout-associated outbreaks include:

Reported Cases of Selected Diseases Seattle-King County 2001				
NR= Not reportable in 2000	Cases Reported In June		Cases Reported Through June	
	2001	2000	2001	2000
AIDS	28	16	182	107
Campylobacteriosis	26	25	150	141
Cryptosporidiosis	1	NR	11	NR
Chlamydial infections	316	360	2104	1906
Enterohemorrhagic <i>E. coli</i> (non-O157)	0	NR	3	NR
<i>E. coli</i> O157: H7	2	11	8	8
Giardiasis	9	22	64	114
Gonorrhea	115	74	737	463
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	0	0	0
Hepatitis A	2	3	9	59
Hepatitis B (acute)	6	4	21	22
Hepatitis B (chronic)	53	NR	269	NR
Hepatitis C (acute)	1	1	8	4
Hepatitis C (chronic, confirmed/probable)	99	NR	682	NR
Hepatitis C (chronic, possible)	62	NR	284	NR
Herpes, genital	45	69	374	345
Measles	0	0	12	2
Meningococcal Disease	1	1	5	9
Mumps	1	0	1	3
Pertussis	6	18	13	131
Rubella, congenital	0	0	0	0
Rubella	0	0	0	1
Salmonellosis	26	13	123	101
Shigellosis	14	2	42	110
Syphilis, congenital	0	0	0	0
Syphilis, late	1	0	21	19
Syphilis	5	11	32	43
Tuberculosis	13	13	61	61